FOR OHF USE

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2002
STATE OF ILLINOIS
DEPARTMENT OF PUBLIC AID
FINANCIAL AND STATISTICAL REPORT FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2002)

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

I. IDPH Facility ID Number: 0026237

Facility Name: GLENVIEW TERRACE NSG CTR

Address: 1511 GREENWOOD ROAD (Number) GLENVIEW (City) 60025 (Zip Code)

County: COOK

Telephone Number: (847) 729-9090 **Fax #** (847) 729-9135

IDPA ID Number: 362846112001

Date of Initial License for Current Owners: 11/01/75

Type of Ownership:

	VOLUNTARY,NON-PROFIT	X	PROPRIETARY		GOVERNMENTAL
	Charitable Corp.		Individual		State
	Trust	X	Partnership		County
IRS Exemption Code			Corporation		Other
			"Sub-S" Corp.		
			Limited Liability Co.		
			Trust		
			Other		

In the event there are further questions about this report, please contact:
Name:: Steve Lavenda **Telephone Number:** (847) 236 - 1111

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/02 to 12/31/02 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider

(Signed) _____ (Date)

(Type or Print Name) _____

(Title) _____

Paid Preparer

(Signed) See Accountants' Compilation Report Attached (Date)

(Print Name and Title) NOSHIR R. DARUWALLA, C.P.A.

(Firm Name & Address) Frost, Ruttenberg & Rothblatt, P.C.
111 Pfingsten Road, Suite 300 Deerfield, IL 60015

(Telephone) (847) 236-1111 Fax # (847) 236-1155

MAIL TO: OFFICE OF HEALTH FINANCE
ILLINOIS DEPARTMENT OF PUBLIC AID
201 S. Grand Avenue East
Springfield, IL 62763-0001 Phone # (217) 782-1630

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number GLENVIEW TERRACE NSG CTR # 0026237 Report Period Beginning: 01/01/02 Ending: 12/31/02

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds 10/3/02

	1 Beds at Beginning of Report Period	2 Licensure Level of Care	3 Beds at End of Report Period	4 Licensed Bed Days During Report Period	
1	295	Skilled (SNF)	305	108,575	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	295	TOTALS	305	108,575	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment: Public Aid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	19,576	24,106	5,756	49,438	8
9	SNF/PED					9
10	ICF	34,322	4,169	3	38,494	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	53,898	28,275	5,759	87,932	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 80.99%

D. How many bed-hold days during this year were paid by Public Aid?
224 (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.
(E.g., day care, "meals on wheels", outpatient therapy)
N/A

F. Does the facility maintain a daily midnight census? Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?
YES [ ] NO [X]

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
YES [ ] NO [X]

I. On what date did you start providing long term care at this location?
Date started 12/01/75

J. Was the facility purchased or leased after January 1, 1978?
YES [ ] Date NO [X]

K. Was the facility certified for Medicare during the reporting year?
YES [X] NO [ ] If YES, enter number of beds certified 65 and days of care provided 5,404

Medicare Intermediary Mutual of Omaha

IV. ACCOUNTING BASIS

ACCRUAL [X] MODIFIED CASH* [ ] CASH* [ ]

Is your fiscal year identical to your tax year? YES [X] NO [ ]

Tax Year: 12/31/02 Fiscal Year: 12/31/02

* All facilities other than governmental must report on the accrual basis.

SEE ACCOUNTANTS' COMPILATION REPORT

STATE OF ILLINOIS

Facility Name & ID Number GLENVIEW TERRACE NSG CTR # 0026237 Report Period Beginning: 01/01/02 Ending: 12/31/02

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR OHF USE ONLY		
		Salary/Wage	Supplies	Other	Total							
	A. General Services	1	2	3	4	5	6	7	8	9	10	
1	Dietary	387,059	115,845	6,600	509,504		509,504	4,514	514,018			1
2	Food Purchase		443,474		443,474	(67,379)	376,095	(1,696)	374,399			2
3	Housekeeping	382,916	97,611		480,527		480,527	14,409	494,936			3
4	Laundry	179,138	64,509		243,647		243,647		243,647			4
5	Heat and Other Utilities			215,863	215,863		215,863	4,000	219,863			5
6	Maintenance	159,674	65,010	123,621	348,305		348,305	(14,701)	333,604			6
7	Other (specify):*											7
8	**TOTAL General Services**	1,108,787	786,449	346,084	2,241,320	(67,379)	2,173,941	6,526	2,180,467			8
	B. Health Care and Programs											
9	Medical Director			72,250	72,250		72,250		72,250			9
10	Nursing and Medical Records	3,900,759	185,430	11,370	4,097,559		4,097,559	(538)	4,097,021			10
10a	Therapy	347,284		103	347,387		347,387		347,387			10a
11	Activities	279,076	19,577	2,304	300,957		300,957		300,957			11
12	Social Services	260,280		2,600	262,880		262,880		262,880			12
13	Nurse Aide Training			1,448	1,448		1,448		1,448			13
14	Program Transportation											14
15	Other (specify):*											15
16	**TOTAL Health Care and Programs**	4,787,399	205,007	90,075	5,082,481		5,082,481	(538)	5,081,943			16
	C. General Administration											
17	Administrative	306,964		886,082	1,193,046		1,193,046	(732,021)	461,025			17
18	Directors Fees											18
19	Professional Services			544,546	544,546		544,546	(410,787)	133,759			19
20	Dues, Fees, Subscriptions & Promotions			366,484	366,484		366,484	(304,187)	62,297			20
21	Clerical & General Office Expenses	201,010	19,363	122,983	343,356		343,356	141,629	484,985			21
22	Employee Benefits & Payroll Taxes			1,089,015	1,089,015	67,379	1,156,394		1,156,394			22
23	Inservice Training & Education											23
24	Travel and Seminar			5,823	5,823		5,823	(568)	5,255			24
25	Other Admin. Staff Transportation			1,147	1,147		1,147	(757)	390			25
26	Insurance-Prop.Liab.Malpractice			327,371	327,371		327,371	27	327,398			26
27	Other (specify):*							61,700	61,700			27
28	**TOTAL General Administration**	507,974	19,363	3,343,451	3,870,788	67,379	3,938,167	(1,244,964)	2,693,203			28
29	**TOTAL Operating Expense (sum of lines 8, 16 & 28)**	6,404,160	1,010,819	3,779,610	11,194,589		11,194,589	(1,238,976)	9,955,613			29

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.

SEE ACCOUNTANTS' COMPILATION REPORT

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

Facility Name & ID Number GLENVIEW TERRACE NSG CTR #0026237 Report Period Beginning: 01/01/02 Ending: 12/31/02

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR OHF USE ONLY		
		Salary/Wage	Supplies	Other	Total							
	D. Ownership	1	2	3	4	5	6	7	8	9	10	
30	Depreciation			71,643	71,643		71,643	742,515	814,158			30
31	Amortization of Pre-Op. & Org.							16,364	16,364			31
32	Interest			74,519	74,519		74,519	455,682	530,201			32
33	Real Estate Taxes			376,249	376,249		376,249	8,696	384,945			33
34	Rent-Facility & Grounds			1,136,404	1,136,404		1,136,404	(1,136,404)				34
35	Rent-Equipment & Vehicles			21,360	21,360		21,360	(4,630)	16,730			35
36	Other (specify):*							18,548	18,548			36
37	TOTAL Ownership			1,680,175	1,680,175		1,680,175	100,771	1,780,946			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers	389,213	326,823		716,036		716,036		716,036			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			162,863	162,863		162,863		162,863			42
43	Other (specify):*	126,462		16,139	142,601		142,601	(142,601)				43
44	TOTAL Special Cost Centers	515,675	326,823	179,002	1,021,500		1,021,500	(142,601)	878,899			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	6,919,835	1,337,642	5,638,787	13,896,264		13,896,264	(1,280,806)	12,615,458			45

***Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.**

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number GLENVIEW TERRACE NSG CTR # 0026237 Report Period Beginning: 01/01/02 Ending: 12/31/02

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7. In column 2 below, reference the line on which the particular cost was included. (See instructions.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer-ence	3 OHF USE ONLY	
1	Day Care	$		$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(276)	2		4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	186,582	30		9
10	Interest and Other Investment Income	(367,183)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(1,420)	02		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties	(306)	21		18
19	Entertainment				19
20	Contributions	(39,512)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(15,926)	21		24
25	Fund Raising, Advertising and Promotional	(91,711)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax	(1,201)	21		26
27	Nurse Aide Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule	(385,217)			29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (716,170)		$	30

OHF USE ONLY									
48		49		50		51		52	

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(564,636)		34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ (564,636)		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (1,280,806)		37

***These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.**

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

		1 Yes	2 No	3 Amount	4 Reference	
38	Medically Necessary Transport.			$		38
39						39
40	Gift and Coffee Shops					40
41	Barber and Beauty Shops					41
42	Laboratory and Radiology					42
43	Prescription Drugs					43
44	Exceptional Care Program					44
45	Other-Attach Schedule					45
46	Other-Attach Schedule					46
47	**TOTAL (C): (sum of lines 38-46)**			$		47

SEE ACCOUNTANTS' COMPILATION REPORT

STATE OF ILLINOIS

GLENVIEW TERRACE NSG CTR

ID# 0026237

Report Period Beginning: 01/01/02

Ending: 12/31/02

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	Miscellaneous Income	$ (97)	21	1
2	Non-Allowable Legal Fees	(7,377)	19	2
3	COPE Dues	(5,395)	20	3
4	Public Relations	(175,185)	20	4
5	Veterans Pharmacy	(538)	10	5
6	Bank Charges	(2,121)	21	6
7	Credit Card Fees	(12,655)	21	7
8	Non-Allowable Auto Lease	(9,887)	35	8
9				9
10	Non-Allowable Seminar Expense	(675)	24	10
11	Capitalized Repairs & Maintenance	(19,422)	6	11
12	Marketing	(89,068)	43	12
13	Van Driver & Gas Expense	(53,533)	43	13
14	Non-Care Auto	(1,500)	30	14
15	Non-Allowable Cable	(500)	6	15
16	Non-allowable Auto Expense	(757)	25	16
17	Non-Allowable Auto Insurance	(956)	26	17
18	Office Expense - Building Co.	(751)	21	18
19	Administrative Consulting	(4,800)	19	19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
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96				96
97				97
98				98
99				99
100				100
101	Total	(385,217)		101

STATE OF ILLINOIS

Summary A

Facility Name & ID Number GLENVIEW TERRACE NSG CTR # 0026237 Report Period Beginning: 01/01/02 Ending: 12/31/02

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	A. General Services													
1	Dietary			4,514									4,514	1
2	Food Purchase	(1,696)											(1,696)	2
3	Housekeeping			14,409									14,409	3
4	Laundry													4
5	Heat and Other Utilities			4,000									4,000	5
6	Maintenance	(19,922)		5,221									(14,701)	6
7	Other (specify):*													7
8	**TOTAL General Services**	(21,618)		28,144									6,526	8
	B. Health Care and Programs													
9	Medical Director													9
10	Nursing and Medical Records	(538)											(538)	10
10a	Therapy													10a
11	Activities													11
12	Social Services													12
13	Nurse Aide Training													13
14	Program Transportation													14
15	Other (specify):*													15
16	**TOTAL Health Care and Programs**	(538)											(538)	16
	C. General Administration													
17	Administrative				(31,906)	(433,675)	(121,388)	(145,052)					(732,021)	17
18	Directors Fees													18
19	Professional Services	(12,177)		(401,152)	1,860	650		32					(410,787)	19
20	Fees, Subscriptions & Promotions	(311,803)		598	7,010			8					(304,187)	20
21	Clerical & General Office Expenses	(33,057)	751	168,120	4,611	874	327	3					141,629	21
22	Employee Benefits & Payroll Taxes													22
23	Inservice Training & Education													23
24	Travel and Seminar	(675)		62	45								(568)	24
25	Other Admin. Staff Transportation	(757)											(757)	25
26	Insurance-Prop.Liab.Malpractice	(956)		983									27	26
27	Other (specify):*			48,944	10,382	876	1,337	161					61,700	27
28	**TOTAL General Administration**	(359,425)	751	(182,445)	(7,998)	(431,275)	(119,724)	(144,848)					(1,244,964)	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(381,581)	751	(154,301)	(7,998)	(431,275)	(119,724)	(144,848)					(1,238,976)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number GLENVIEW TERRACE NSG CTR # 0026237 **Report Period Beginning:** 01/01/02 **Ending:** 12/31/02

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY TOTALS	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)	
30	Depreciation	185,082	536,788	20,481				164					742,515	30
31	Amortization of Pre-Op. & Org.		15,914	450									16,364	31
32	Interest	(367,183)	796,255	26,610									455,682	32
33	Real Estate Taxes			8,696									8,696	33
34	Rent-Facility & Grounds		(1,136,404)										(1,136,404)	34
35	Rent-Equipment & Vehicles	(9,887)		5,257									(4,630)	35
36	Other (specify):*		18,548										18,548	36
37	**TOTAL Ownership**	(191,988)	231,101	61,494				164					100,771	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation													38
39	Ancillary Service Centers													39
40	Barber and Beauty Shops													40
41	Coffee and Gift Shops													41
42	Provider Participation Fee													42
43	Other (specify):*	(142,601)											(142,601)	43
44	**TOTAL Special Cost Centers**	(142,601)											(142,601)	44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	(716,170)	231,852	(92,807)	(7,998)	(431,275)	(119,724)	(144,684)					(1,280,806)	45

Facility Name & ID Number GLENVIEW TERRACE NSG CTR # 0026237 Report Period Beginning: 01/01/02 Ending: 12/31/02

VII. RELATED PARTIES

A. **Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.**

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
See Attached		See Attached		See Attached		
				Glenview Realty		Building Prtnship.

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V	34	Rent Income	$ 1,136,404	Glenview Realty	100.00%	$	$ (1,136,404)	1
2	V	32	Interest Income	5,799	Glenview Realty	100.00%		(5,799)	2
3	V	30	Depreciation		Glenview Realty	100.00%	536,788	536,788	3
4	V	31	Amortization		Glenview Realty	100.00%	15,914	15,914	4
5	V	32	Interest		Glenview Realty	100.00%	802,054	802,054	5
6	V	21	Office		Glenview Realty	100.00%	751	751	6
7	V	36	MIP Insurance		Glenview Realty	100.00%	18,548	18,548	7
8	V								8
9	V								9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total			$ 1,142,203			$ 1,374,055	$ * 231,852	14

* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number GLENVIEW TERRACE NSG CTR # 0026237 Report Period Beginning: 01/01/02 Ending: 12/31/02

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	1	DIETARY	$	ITEX COMPANY	100.00%	$ 4,514	$ 4,514	15
16	V	3	HOUSEKEEPING		ITEX COMPANY	100.00%	14,409	14,409	16
17	V	5	UTILITIES		ITEX COMPANY	100.00%	4,000	4,000	17
18	V	6	REPAIRS AND MAINT.		ITEX COMPANY	100.00%	5,221	5,221	18
19	V	19	PROFESSIONAL FEES	408,568	ITEX COMPANY	100.00%	7,416	(401,152)	19
20	V	20	FEES, SUBSCRIPTIONS		ITEX COMPANY	100.00%	598	598	20
21	V	21	CLERICAL AND GENERAL		ITEX COMPANY	100.00%	28,645	28,645	21
22	V	24	EDUCATION/SEMINARS		ITEX COMPANY	100.00%	62	62	22
23	V	26	INSURANCE		ITEX COMPANY	100.00%	983	983	23
24	V	27	EMPLOYEE BENEFITS		ITEX COMPANY	100.00%	549	549	24
25	V	30	DEPRECIATION		ITEX COMPANY	100.00%	20,481	20,481	25
26	V	31	AMORTIZATION		ITEX COMPANY	100.00%	450	450	26
27	V	32	INTEREST		ITEX COMPANY	100.00%	26,610	26,610	27
28	V	33	REAL ESTATE TAXES		ITEX COMPANY	100.00%	8,696	8,696	28
29	V	35	EQUIPMENT RENTAL		ITEX COMPANY	100.00%	5,257	5,257	29
30	V								30
31	V								31
32	V	21	CLERICAL SALARIES		ITEX COMPANY	100.00%	139,475	139,475	32
33	V	27	GEN ADMIN. - EMP. BEN.		ITEX COMPANY	100.00%	48,395	48,395	33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 408,568			$ 315,761	$ * (92,807)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number GLENVIEW TERRACE NSG CTR # 0026237 Report Period Beginning: 01/01/02 Ending: 12/31/02

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	17	ADMINISTRATIVE	$	CAREPATH HEALTH NETWORK	100.00%	$ 44,176	$ 44,176	15
16	V	19	PROFESSIONAL FEES		CAREPATH HEALTH NETWORK	100.00%	1,860	1,860	16
17	V	20	FEES, SUBSCRIPTIONS		CAREPATH HEALTH NETWORK	100.00%	7,010	7,010	17
18	V	21	CLERICAL AND GENERAL		CAREPATH HEALTH NETWORK	100.00%	4,611	4,611	18
19	V	24	SEMINARS		CAREPATH HEALTH NETWORK	100.00%	45	45	19
20	V	27	GEN ADMIN.- EMP. BEN.		CAREPATH HEALTH NETWORK	100.00%	10,382	10,382	20
21	V								21
22	V								22
23	V								23
24	V	17	MANAGEMENT FEES	76,082	CAREPATH HEALTH NETWORK	100.00%		(76,082)	24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 76,082			$ 68,084	$ * (7,998)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number GLENVIEW TERRACE NSG CTR # 0026237 Report Period Beginning: 01/01/02 Ending: 12/31/02

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	17	BERNIE HOLLANDER-SAL.	$	SHAYMARK MANAGEMENT CORP.	100.00%	$ 16,325	$ 16,325	15
16	V	19	PROFESSIONAL FEES				650	650	16
17	V	21	OFFICE				874	874	17
18	V	27	PAYROLL TAXES				876	876	18
19	V								19
20	V								20
21	V								21
22	V	17	MANAGEMENT FEES	450,000				(450,000)	22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 450,000			$ 18,725	$ * (431,275)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number GLENVIEW TERRACE NSG CTR # 0026237 Report Period Beginning: 01/01/02 Ending: 12/31/02

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	17	J. RAJCHENBACH-COMP.	$	JLR MANAGEMENT CORP.	100.00%	$ 28,612	$ 28,612	15
16	V	21	OFFICE				327	327	16
17	V	27	PAYROLL TAXES				1,337	1,337	17
18	V								18
19	V								19
20	V								20
21	V	17	MARVIN NEEDLE-CONS. FEES						21
22	V								22
23	V								23
24	V								24
25	V	21	SECRETARIAL						25
26	V								26
27	V								27
28	V								28
29	V	17	MANAGEMENT FEES	150,000				(150,000)	29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 150,000			$ 30,276	$ * (119,724)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number GLENVIEW TERRACE NSG CTR # 0026237 Report Period Beginning: 01/01/02 Ending: 12/31/02

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	17	ADMINISTRATIVE	$	INTERCARE, LTD. C/O MANAGCARE	100.00%	$ 4,948	$ 4,948	15
16	V	19	PROFESSIONAL FEES		INTERCARE, LTD. C/O MANAGCARE	100.00%	32	32	16
17	V	20	FEES, SUBSCRIPTIONS		INTERCARE, LTD. C/O MANAGCARE	100.00%	8	8	17
18	V	21	CLERICAL & GENERAL		INTERCARE, LTD. C/O MANAGCARE	100.00%	3	3	18
19	V	27	EMPLOYEE BENEFITS		INTERCARE, LTD. C/O MANAGCARE	100.00%	161	161	19
20	V	30	DEPRECIATION		INTERCARE, LTD. C/O MANAGCARE	100.00%	164	164	20
21	V								21
22	V	17	MANAGEMENT FEES	150,000	INTERCARE, LTD. C/O MANAGCARE	100.00%		(150,000)	22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 150,000			$ 5,316	$ * (144,684)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number GLENVIEW TERRACE NSG CTR # 0026237 Report Period Beginning: 01/01/02 Ending: 12/31/02

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☐ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V			$			$	$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$			$	$ *	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number GLENVIEW TERRACE NSG CTR # 0026237 Report Period Beginning: 01/01/02 Ending: 12/31/02

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☐ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V			$			$	$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$			$	$ *	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number GLENVIEW TERRACE NSG CTR # 0026237 Report Period Beginning: 01/01/02 Ending: 12/31/02

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☐ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V			$			$	$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$			$	$ *	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number GLENVIEW TERRACE NSG CTR # 0026237 Report Period Beginning: 01/01/02 Ending: 12/31/02

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☐ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V			$			$	$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$			$	$ *	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number GLENVIEW TERRACE NSG CTR # 0026237 Report Period Beginning: 01/01/02 Ending: 12/31/02

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1	2	3	4	5	6		7		8	
	Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		Compensation Included in Costs for this Reporting Period**		Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Bernard Hollander	Owner	Administrative	18.06%	See Attached	5	7.69%	Shaymark	$ 16,325	17-07	1
2	Yosef Davis	Owner	Administrative	8.24%	See Attached	1	1.67%	Intercare	4,948	17-07	2
3	Jack Rajchenbach	Owner	Administrative	9.80%	See Attached	10	15.39%	JLR Mgmt	28,612	17-07	3
4	Mark Hollander	Relative	Administrative	0	See Attached	5	8.33%	Salary	127,302	17-01	4
5								Mgmt Fees	60,000	17-03	5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	$ 237,187		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

Facility Name & ID Number GLENVIEW TERRACE NSG CTR # 0026237 Report Period Beginning: 01/01/02 Ending: 12/31/02

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES [ ] NO [X]

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization
Street Address
City / State / Zip Code
Phone Number ( )
Fax Number ( )

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1						$	$		$	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$	$		$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number GLENVIEW TERRACE NSG CTR # 0026237 Report Period Beginning: 01/01/02 Ending: 12/31/02

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES [X] NO [ ]

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization: ITEX COMPANY
Street Address: 6633 N. LINCOLN AVE.
City / State / Zip Code: LINCOLNWOOD, IL. 60712
Phone Number: (847) 679-9141
Fax Number: (847) 679-1820

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	1	DIETARY	AVAILABLE BED DAYS	463,355	5	$ 19,263	$	108,575	$ 4,514	1
2	3	HOUSEKEEPING	AVAILABLE BED DAYS	463,355	5	61,490		108,575	14,409	2
3	5	UTILITIES	AVAILABLE BED DAYS	463,355	5	17,069		108,575	4,000	3
4	6	REPAIRS AND MAINT.	AVAILABLE BED DAYS	463,355	5	22,282		108,575	5,221	4
5	19	PROFESSIONAL FEES	AVAILABLE BED DAYS	463,355	5	31,647		108,575	7,416	5
6	20	FEES, SUBSCRIPTIONS	AVAILABLE BED DAYS	463,355	5	2,553		108,575	598	6
7	21	CLERICAL AND GENERAL	AVAILABLE BED DAYS	463,355	5	122,246		108,575	28,645	7
8	24	EDUCATION/SEMINARS	AVAILABLE BED DAYS	463,355	5	266		108,575	62	8
9	26	INSURANCE	AVAILABLE BED DAYS	463,355	5	4,194		108,575	983	9
10	27	EMPLOYEE BENEFITS	AVAILABLE BED DAYS	463,355	5	2,344		108,575	549	10
11	30	DEPRECIATION	AVAILABLE BED DAYS	463,355	5	87,403		108,575	20,481	11
12	31	AMORTIZATION	AVAILABLE BED DAYS	463,355	5	1,921		108,575	450	12
13	32	INTEREST	AVAILABLE BED DAYS	463,355	5	113,562		108,575	26,610	13
14	33	REAL ESTATE TAXES	AVAILABLE BED DAYS	463,355	5	37,112		108,575	8,696	14
15	35	EQUIPMENT RENTAL	AVAILABLE BED DAYS	463,355	5	22,434		108,575	5,257	15
16										16
17										17
18	21	CLERICAL SALARIES	DIRECT ALLOCATION		5	771,563	771,563		139,475	18
19	27	GEN ADMIN. - EMP. BEN.	DIRECT ALLOCATION		5	267,713			48,395	19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$ 1,585,062	$ 771,563		$ 315,761	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number GLENVIEW TERRACE NSG CTR # 0026237 Report Period Beginning: 01/01/02 Ending: 12/31/02

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES [X] NO [ ]

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization: CAREPATH HEALTH NETWORK
Street Address: 6633 N LINCOLN AVENUE
City / State / Zip Code: LINCOLNWOOD, IL 60712
Phone Number: (888) 707-6700
Fax Number: (847) 679-2150

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	17	ADMINISTRATIVE	CARE PATH FEES	617,442	13	$ 358,512	$ 358,512	76,082	$ 44,176	1
2	19	PROFESSIONAL FEES	CARE PATH FEES	617,442	13	15,097		76,082	1,860	2
3	20	FEES, SUBSCRIPTIONS	CARE PATH FEES	617,442	13	56,887		76,082	7,010	3
4	21	CLERICAL AND GENERAL	CARE PATH FEES	617,442	13	37,424		76,082	4,611	4
5	24	SEMINARS	CARE PATH FEES	617,442	13	365		76,082	45	5
6	27	GEN ADMIN.- EMP. BEN.	CARE PATH FEES	617,442	13	84,255		76,082	10,382	6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$ 552,540	$ 358,512		$ 68,084	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number GLENVIEW TERRACE NSG CTR # 0026237 Report Period Beginning: 01/01/02 Ending: 12/31/02

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES [X] NO [ ]

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization: SHAYMARK MANAGEMENT CORP.
Street Address: 6633 NORTH LINCOLN
City / State / Zip Code: LINCOLNWOOD, IL. 60712
Phone Number: (847) 679-9141
Fax Number: (847) 679-1820

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	17	BERNIE HOLLANDER-SAL.	AVG. HOURS WORKED	48	5	$ 156,722	$ 156,722	5	$ 16,325	1
2	19	PROFESSIONAL FEES	AVG. HOURS WORKED	48	5	6,235		5	650	2
3	21	OFFICE	AVG. HOURS WORKED	48	5	8,392	8,392	5	874	3
4	27	PAYROLL TAXES	AVG. HOURS WORKED	48	5	8,406		5	876	4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$ 179,755	$ 165,114		$ 18,725	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number GLENVIEW TERRACE NSG CTR # 0026237 Report Period Beginning: 01/01/02 Ending: 12/31/02

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES [X] NO [ ]

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization: JLR MANAGEMENT CORP.
Street Address: 6633 NORTH LINCOLN
City / State / Zip Code: LINCOLNWOOD, IL. 60712
Phone Number: (847) 679-9141
Fax Number: (847) 679-1820

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	17	J. RAJCHENBACH-COMP.	AVG. HOURS WORKED	59	9	$ 168,808	$ 168,808	10	$ 28,612	1
2	21	OFFICE	AVG. HOURS WORKED	59	9	1,932		10	327	2
3	27	PAYROLL TAXES	AVG. HOURS WORKED	59	9	7,887		10	1,337	3
4										4
5										5
6										6
7	17	MARVIN NEEDLE-CONS. FEES	AVG. HOURS WORKED	40	1	36,296				7
8										8
9										9
10										10
11	21	SECRETARIAL	AVG. HOURS WORKED	40	1	5,000				11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$ 219,923	$ 168,808		$ 30,276	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number GLENVIEW TERRACE NSG CTR # 0026237 Report Period Beginning: 01/01/02 Ending: 12/31/02

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES [X] NO [ ]

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization: INTERCARE, LTD. C/O MANAGCARE
Street Address: 3553 W. PETERSON AVE. 3RD FLOOR
City / State / Zip Code: CHICAGO, IL. 60659
Phone Number: (773) 463-1313
Fax Number: (773) 463- 5311

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	17	ADMINISTRATIVE	AVG. HOURS WORKED	60	6	$ 296,900	$ 296,900	1	$ 4,948	1
2	19	PROFESSIONAL FEES	AVG. HOURS WORKED	60	6	1,945		1	32	2
3	20	FEES, SUBSCRIPTIONS	AVG. HOURS WORKED	60	6	456		1	8	3
4	21	CLERICAL & GENERAL	AVG. HOURS WORKED	60	6	207		1	3	4
5	27	EMPLOYEE BENEFITS	AVG. HOURS WORKED	60	6	9,679		1	161	5
6	30	DEPRECIATION	AVG. HOURS WORKED	60	6	9,829		1	164	6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$ 319,016	$ 296,900		$ 5,316	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number GLENVIEW TERRACE NSG CTR # 0026237 Report Period Beginning: 01/01/02 Ending: 12/31/02

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☐ NO ☐

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization
Street Address
City / State / Zip Code
Phone Number ( )
Fax Number ( )

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1						$	$		$	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$	$		$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number GLENVIEW TERRACE NSG CTR # 0026237 Report Period Beginning: 01/01/02 Ending: 12/31/02

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☐ NO ☐

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization
Street Address
City / State / Zip Code
Phone Number ( )
Fax Number ( )

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1						$	$		$	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$	$		$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number GLENVIEW TERRACE NSG CTR # 0026237 Report Period Beginning: 01/01/02 Ending: 12/31/02

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☐ NO ☐

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization
Street Address
City / State / Zip Code
Phone Number ( )
Fax Number ( )

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1						$	$		$	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$	$		$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number GLENVIEW TERRACE NSG CTR # 0026237 Report Period Beginning: 01/01/02 Ending: 12/31/02

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☐ NO ☐

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization
Street Address
City / State / Zip Code
Phone Number ( )
Fax Number ( )

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1						$	$		$	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$	$		$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number GLENVIEW TERRACE NSG CTR # 0026237 Report Period Beginning: 01/01/02 Ending: 12/31/02

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

	1	2		3	4	5	6	7	8	9	10	
	Name of Lender	Related** YES	Related** NO	Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note Original	Amount of Note Balance	Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
	A. Directly Facility Related											
	Long-Term											
1	IFC Credit Corp.		X	Telephone System	$463.00	03/01/01	$ 24,125	$ 16,522	02/01/06	5.66%	$ 1,048	1
2			X	Mortgage		10/15/01		13,142,777			802,054	2
3												3
4												4
5												5
	Working Capital											
6	American National Bank		X	Line of Credit				1,850,000			67,835	6
7											.	7
8												8
9	TOTAL Facility Related				$463.00		$ 24,125	$ 15,009,299			$ 870,937	9
	B. Non-Facility Related*											
10	See Supplemental Schedule										(346,372)	10
11	INAC		X	Insurance Financing							5,636	11
12												12
13												13
14	TOTAL Non-Facility Related						$	$			$ (340,736)	14
15	TOTALS (line 9+line14)						$ 24,125	$ 15,009,299			$ 530,201	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. $ 18,548 Line # 36

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7. (See instructions.)

SEE ACCOUNTANTS' COMPILATION REPORT

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2. (See instructions.)

Facility Name & ID Number GLENVIEW TERRACE NSG CTR # 0026237 Report Period Beginning: 01/01/02 Ending: 12/31/02

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

	1	2		3	4	5	6	7	8	9	10	
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
		YES	NO				Original	Balance				
1	Allocation - Itex Management	X					$	$			$ 26,610	1
2	Interest Income-Bldg. Co.	X									(5,799)	2
3	Interest Income										(367,183)	3
4												4
5												5
6												6
7												7
8												8
9												9
10												10
11												11
12												12
13												13
14												14
15												15
16												16
17												17
18												18
19												19
20												20
21							$	$			$ (346,372)	21

Facility Name & ID Number GLENVIEW TERRACE NSG CTR # 0026237 Report Period Beginning: 01/01/02 Ending: 12/31/02

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.

1. Real Estate Tax accrual used on 2001 report.	$	288,968	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)	$	333,192	2
3. Under or (over) accrual (line 2 minus line 1).	$	44,224	3
4. Real Estate Tax accrual used for 2002 report. (Detail and explain your calculation of this accrual on the lines below.)	$	340,721	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. **(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)**	$		5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. **TOTAL REFUND $ For Tax Year.** **(Attach a copy of the real estate tax appeal board's decision.)**	$		6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.	$	384,945	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:		
1997	224,164	8
1998	265,042	9
1999	266,436	10
2000	275,207	11
2001	324,496	12

Accrual: $324,496 X 1.05 = $340,721

Allocation Itex Mgmt. $8696

FOR OHF USE ONLY

13	FROM R. E. TAX STATEMENT FOR 2001	$	13
14	PLUS APPEAL COST FROM LINE 5	$	14
15	LESS REFUND FROM LINE 6	$	15
16	AMOUNT TO USE FOR RATE CALCULATION	$	16

NOTES:

1. **Please indicate a negative number by use of brackets( ). Deduct any overaccrual of taxes from prior year.**
2. **If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.**
   This denial must be no more than four years old at the time the cost report is filed.

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates **RE:** 2001 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2001 real estate tax costs, as well as copies of your real estate tax bills for calendar 2001.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2001 real estate tax bill to the Department of Public Aid, Office of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2002 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Office of Health Finance at (217) 782-1630.

2001 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME GLENVIEW TERRACE NSG CTR COUNTY COOK

FACILITY IDPH LICENSE NUMBER 0026237

CONTACT PERSON REGARDING THIS REPORT Steve Lavenda

TELEPHONE (847) 236-1111 FAX #: (847) 236-1155

A. **Summary of Real Estate Tax Cost**

Enter the tax index number and real estate tax assessed for 2001 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2001.

	(A) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.	04-28-401-042-0000	Long Term Care Property	$ 324,495.99	$ 324,495.99
2.	10-35-312-022-000	Central Office	$ 37,582.47	$ 8,806.46
3.			$	$
4.			$	$
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$ 362,078.46	$ 333,302.45

B. **Real Estate Tax Cost Allocations**

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? X YES _____ NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. **Tax Bills**

Attach a copy of the 2001 tax bills which were listed in Section A to this statement. Be sure to use the 2001 tax bill which is normally paid during 2002.

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates **RE:** 2000 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2000 real estate tax costs, as well as copies of your real estate tax bills for calendar 2000.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2000 real estate tax bill to the Department of Public Aid, Office of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2001 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Office of Health Finance at (217) 782-1630.

2000 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME GLENVIEW TERRACE NSG CTR COUNTY COOK

FACILITY IDPH LICENSE NUMBER 0026237

CONTACT PERSON REGARDING THIS REPORT

TELEPHONE ( ) FAX #: ( )

A. **Summary of Real Estate Tax Cost**

Enter the tax index number and real estate tax assessed for 2000 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2000.

	(A) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.			$	$
2.			$	$
3.			$	$
4.			$	$
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$	$

B. **Real Estate Tax Cost Allocations**

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? YES NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. **Tax Bills**

Attach a copy of the 2000 tax bills which were listed in Section A to this statement. Be sure to use the 2000 tax bill which is normally paid during 2001.

Facility Name & ID Number GLENVIEW TERRACE NSG CTR # 0026237 Report Period Beginning: 01/01/02 Ending: 12/31/02

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 79,000 B. General Construction Type: Exterior Brick Frame Steel and Concrete Number of Stories 3

C. Does the Operating Entity? [ ] (a) Own the Facility [X] (b) Rent from a Related Organization. [ ] (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? [X] (a) Own the Equipment [X] (b) Rent equipment from a Related Organization. [X] (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, nurse aide training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

None

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? [X] YES [ ] NO
If so, please complete the following:

1. Total Amount Incurred: 611,148
2. Number of Years Over Which it is Being Amortized: 20, 48
3. Current Period Amortization: 16,364
4. Dates Incurred: 1988, 2001

Nature of Costs: Allocation Itex Management $450; Glenview Realty $15,914
(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	Facility		1978	$ 167,502	1
2					2
3	TOTALS			$ 167,502	3

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number GLENVIEW TERRACE NSG CTR # 0026237 Report Period Beginning: 01/01/02 Ending: 12/31/02

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	305			1978	$ 2,750,940	$ 186,176	35	$ 68,774	$ (117,402)	$ 1,813,034	4
5				1989	1,453,936		35	36,348	36,348	479,220	5
6				2002	4,266,341		35	284,879	284,879	284,879	6
7											7
8											8
	Improvement Type**										
9	Various			1975	28,890		20	-		28,890	9
10	Various			1977	11,520		20	-		6,484	10
11	Various			1978	1,209		20	-		1,209	11
12	Various			1979	4,832		20	-		4,832	12
13	Various			1980	6,097		20	-		6,097	13
14	Various			1981	2,004		20	-		1,610	14
15	Various			1982	6,604		20	303	303	2,943	15
16	Various			1983	5,607		20	-		5,607	16
17	Various			1984	4,233		20	-		4,233	17
18	Various			1985	10,997		20	440	440	8,092	18
19	Various			1986	2,080		20	104	104	1,664	19
20	Various			1987	2,375		20	119	119	1,071	20
21	Various			1988	4,955		20	248	248	2,703	21
22	Various			1989	111,464		20	5,574	5,574	69,051	22
23	Various			1990	98,033		20	4,903	4,903	49,189	23
24	Various			1991	2,229		20	111	111	1,070	24
25	Various			1992	3,024		20	151	151	1,455	25
26	Various			1993	103,239		20	5,163	5,163	50,152	26
27	Various			1994	23,033		20	1,152	1,152	9,011	27
28	Various			1995	44,266		20	2,214	2,214	16,420	28
29	Various			1996	93,171		20	4,659	4,659	30,632	29
30	Various			1997	102,244		20	3,721	3,721	20,715	30
31	Various			1998	103,389		20	6,252	6,252	27,423	31
32								-		-	32
33								-		-	33
34								-		-	34
35								-		-	35
36								-		-	36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

See Page 12A, Line 70 for total

Facility Name & ID Number GLENVIEW TERRACE NSG CTR # 0026237 Report Period Beginning: 01/01/02 Ending: 12/31/02

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
37			$	$		$ -	$	$ -	37
38						-		-	38
39						-		-	39
40						-		-	40
41						-		-	41
42						-		-	42
43						-		-	43
44						-		-	44
45						-		-	45
46						-		-	46
47						-		-	47
48						-		-	48
49						-		-	49
50						-		-	50
51						-		-	51
52						-		-	52
53						-		-	53
54						-		-	54
55						-		-	55
56						-		-	56
57						-		-	57
58						-		-	58
59						-		-	59
60						-		-	60
61						-		-	61
62						-		-	62
63						-		-	63
64						-		-	64
65						-		-	65
66						-		-	66
67						-		-	67
68	Related Party Allocations (Page 12-REP & Page 12A-REP)		461,327	11,274		15,012	3,738	140,206	68
69	Financial Statement Depreciation			157,094			(157,094)		69
70	TOTAL (lines 4 thru 69)		$ 9,708,039	$ 354,544		$ 440,127	$ 85,583	$ 3,067,892	70

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number GLENVIEW TERRACE NSG CTR # 0026237 Report Period Beginning: 01/01/02 Ending: 12/31/02

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		$ 9,708,039	$ 354,544		$ 440,127	$ 85,583	$ 3,067,892	1
2	WINDOW TREATMENT	1999	3,749		20	375	375	1,188	2
3	SHELVING	1999	835		20	42	42	130	3
4	PLUMBING	1999	885		20	44	44	136	4
5	WINDOW LEDGES	1999	500		20	25	25	77	5
6	ELECTRICAL	1999	550		20	28	28	86	6
7	HEATING UNITS	1999	4,600		20	230	230	920	7
8	ALARM SYSTEM	1999	7,137		20	357	357	1,428	8
9	SMOKE & FIRE DAMPERS	1999	2,298		20	115	115	460	9
10	MIRROR WALL-PT ROOM	1999	1,526		20	76	76	298	10
11	WALLCOVERING	1999	1,357		20	136	136	533	11
12	IN RPO CORP	1999	9,217		20	461	461	1,729	12
13	WALL FIXTURES	1999	1,815		20	91	91	341	13
14	METAL DOOR FRAMES	1999	5,599		20	280	280	1,050	14
15	CUSTOM BELLBOARD	1999	3,160		20	158	158	579	15
16	WINDOWS	1999	1,431		20	72	72	264	16
17	NEW WOOD DOORS	1999	11,792		20	590	590	2,114	17
18	DOOR LOCKS -NEW DOOR	1999	8,291		20	415	415	1,487	18
19	LANDCAPE IMPROV	1999	6,368		20	318	318	1,113	19
20	RE-ROOF	1999	1,950		20	98	98	335	20
21	WINDOW SCREENS	1999	1,864		20	93	93	318	21
22	WALLCOVERING	1999	990		20	99	99	380	22
23	WALLCOVERING	1999	3,892		20	389	389	1,524	23
24	A/C COMPRESSOR	1999	1,400		20	140	140	502	24
25	CARPETING	1999	20,225		20	2,023	2,023	7,755	25
26	TILEWORK	1999	17,358		20	1,736	1,736	6,365	26
27	CARPETING	1999	10,112		20	1,011	1,011	3,707	27
28	DRAPERY	1999	3,211		20	321	321	1,150	28
29	WALLCOVERING	1999	8,678		20	868	868	3,255	29
30	CARPETING	1999	3,601		20	360	360	1,320	30
31	WALLCOVERING	1999	3,735		20	374	374	1,434	31
32	WINDOW DRAPES	1999	895		20	90	90	308	32
33	LIGHT FIXTURES	1999	1,144		20	114	114	418	33
34	TOTAL (lines 1 thru 33)		$ 9,858,204	$ 354,544		$ 451,656	$ 97,112	$ 3,110,596	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number GLENVIEW TERRACE NSG CTR # 0026237 Report Period Beginning: 01/01/02 Ending: 12/31/02

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		$ 9,858,204	$ 354,544		$ 451,656	$ 97,112	$ 3,110,596	1
2	SOUND SYSTEM	1999	793		20	40	40	166	2
3	WALL BASE	2000	767		20	38	38	105	3
4	HEAT EXHANGER REPL	2000	3,700		20	185	185	432	4
5	PATIENT ALARM SYSTEM	2000	17,946		20	897	897	1,794	5
6	PATIENT ALARM SYSTEM	2000	5,202		20	260	260	607	6
7	WALL COVERING	2000	761		20	38	38	127	7
8	WALL COVERINGS	2000	1,588		20	79	79	264	8
9	WALL COVERING	2000	2,291		20	115	115	325	9
10	VERTICAL TRACKS & VA	2000	2,437		20	122	122	285	10
11	WINDOE REGLAZING	2000	513		20	26	26	52	11
12	CEILING TILE	2000	1,993		20	100	100	242	12
13	WALLCOVERINGS	2001	5,353		20	268	268	290	13
14	DRAPERY & CUB TRACKS	2001	29,406		20	1,470	1,470	1,593	14
15	PAVING	2001	4,893		20	245	245	429	15
16	PAVING	2001	4,050		20	203	203	355	16
17	FIXURES	2001	920		20	46	46	77	17
18	ROOF	2001	94,000		20	4,700	4,700	7,833	18
19	ROOF	2001	7,400		20	370	370	617	19
20	TELEPHONE SYSTEM	2001	24,275		20	1,214	1,214	2,226	20
21	VIDEO SURVEILLANCE	2001	3,941		20	197	197	361	21
22	VIDEO CAMERA	2001	656		20	33	33	55	22
23	VANES & TRACKS	2001	1,495		20	75	75	125	23
24	WALLCOVERING	2001	3,699		20	185	185	370	24
25	CARPET	2001	2,674		20	134	134	268	25
26	DRAPERIES & CORNICES	2001	2,764		20	138	138	276	26
27	CURTAINS	2001	1,918		20	96	96	192	27
28	DRAPERY	2001	1,375		20	69	69	138	28
29	BORDER & TRACK SETS	2001	394		20	20	20	32	29
30	SHADES,LIGHTS&BORDER	2001	1,663		20	83	83	125	30
31	CUBILE CURTAINS & TR	2001	3,596		20	180	180	270	31
32	CUBICLE & SHADES	2001	3,224		20	161	161	215	32
33	WALLCOVERING	2001	8,642		20	432	432	576	33
34	TOTAL (lines 1 thru 33)		$ 10,102,533	$ 354,544		$ 463,875	$ 109,331	$ 3,131,418	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number GLENVIEW TERRACE NSG CTR # 0026237 Report Period Beginning: 01/01/02 Ending: 12/31/02

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		$ 10,102,533	$ 354,544		$ 463,875	$ 109,331	$ 3,131,418	1
2	PAINT	2001	513		20	26	26	50	2
3	TOILET RAILS	2001	585		20	29	29	56	3
4	CEILING TILE	2001	689		20	34	34	65	4
5	TOILETS & FRAMES	2001	852		20	43	43	68	5
6	TRANSMITTERS	2001	679		20	34	34	62	6
7	TRANSMITTERS	2001	657		20	33	33	39	7
8	LOCKS	2001	529		20	26	26	28	8
9	CEILING TILE	2001	589		20	29	29	31	9
10	CEILING TILE	2001	601		20	30	30	33	10
11	PAVEMENT	2001	2,065		20	103	103	197	11
12	WATER COIL	2001	685		20	34	34	60	12
13	AC COMPRESSOR	2001	675		20	34	34	57	13
14	PIPE REROUT	2001	660		20	33	33	55	14
15	AC COMPRESSOR	2001	850		20	43	43	61	15
16	VALVE REPLACEMENT	2001	510		20	26	26	33	16
17	3 SUMP PUMP COVERS	2002	2,500		20	500	500	500	17
18	HOT WATER BOILER	2002	6,500		20	1,300	1,300	1,300	18
19	ELECTRICAL FOR LAUNDRY	2002	2,240		20	373	373	373	19
20	ARBUITIES ALONG NORTHSIDE/BLACK TOP/BLACK DIRT	2002	26,550		20	1,033	1,033	1,033	20
21	PLANTS	2002	11,130		20	433	433	433	21
22	WALLPAPER/PAINTING	2002	22,975		20	13,402	13,402	13,402	22
23	9 cameras, 2 multplexer	2002	8,680		20	868	868	868	23
24	5 OUTLETS 3RD FLOOR	2002	640		20	64	64	64	24
25	LANDSCAPING	2002	20,000		20	1,222	1,222	1,222	25
26	LAND IMPROVEMENT	2002	4,500		20	275	275	275	26
27	LAND INPROVEMENT	2002	9,000		20	550	550	550	27
28	LANDSCAPING	2002	10,000		20	667	667	667	28
29	LANDSCAPING	2002	20,000		20	1,000	1,000	1,000	29
30	LANDSCAPING	2002	11,735		20	522	522	522	30
31	LAND IMPROVEMENT	2002	3,075		20	137	137	137	31
32	LANDSCAPING	2002	11,130		20	371	371	371	32
33	LAND IMPROVEMENT	2002	14,478		20	483	483	483	33
34	TOTAL (lines 1 thru 33)		$ 10,298,805	$ 354,544		$ 487,632	$ 133,088	$ 3,155,513	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number GLENVIEW TERRACE NSG CTR # 0026237 Report Period Beginning: 01/01/02 Ending: 12/31/02

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		$ 10,298,805	$ 354,544		$ 487,632	$ 133,088	$ 3,155,513	1
2	GENERATOR	2002	25,000		20	1,250	1,250	1,250	2
3	LANDSCAPING	2002	30,305		20	842	842	842	3
4	IRRIGATION SYSTEM	2002	18,320		20	509	509	509	4
5	LANDSCAPING	2002	14,478		20	483	483	483	5
6	BRICK AREA FRONT & BACK	2002	19,540		20	543	543	543	6
7	LANDSCAPING	2002	18,526		20	515	515	515	7
8	BRICK TREATMENT	2002	4,460		20	124	124	124	8
9	INSTALL 350 PHONE OUTLETS WITH JACKS	2002	27,500		20	2,063	2,063	2,063	9
10	ROUGH CARP-CONSTRUC	2002	10,000		20	500	500	500	10
11	ELECTRICAL CONSTRUC	2002	10,000		20	500	500	500	11
12	ROUGH CARP-CONSTRUC	2002	378,950		20	9,474	9,474	9,474	12
13	INSULATION CONSTRUC	2002	4,718		20	118	118	118	13
14	ROOFING-CONSTRUCTION	2002	51,647		20	1,291	1,291	1,291	14
15	DOORS-CONSTRUCTION	2002	227,436		20	5,686	5,686	5,686	15
16	WINDOWS-CONSTRUC	2002	287,696		20	7,192	7,192	7,192	16
17	TILE WORK-CONSTRUC	2002	79,820		20	1,996	1,996	1,996	17
18	FLOORING-CONSTRUC	2002	109,055		20	10,906	10,906	10,906	18
19	PAINT-CONSTRUCTION	2002	27,710		20	693	693	693	19
20	PAINTING-CONSTRUC	2002	377,000		20	9,425	9,425	9,425	20
21	HEATING-CONSTRUCTION	2002	220,000		20	5,500	5,500	5,500	21
22	AIR COND-CONSTRUC	2002	207,500		20	5,188	5,188	5,188	22
23	ELECTRICAL-CONSTRUC	2002	355,000		20	8,875	8,875	8,875	23
24	SITE UTILITIES-CONSTR	2002	20,000		20	1,333	1,333	1,333	24
25	SITE UTILITIES-CONSTR	2002	15,500		20	517	517	517	25
26	ROAD & WALKS-CONST	2002	60,400		20	2,013	2,013	2,013	26
27	LAWNS-CONSTRUC	2002	6,000		20	400	400	400	27
28	LAWNS-CONSTRUC	2002	4,000		20	133	133	133	28
29	EARTH WORK-CONSTRUC	2002	183,000		20	12,200	12,200	12,200	29
30	EARTH WORK-CONSTRUC	2002	182,778		20	6,093	6,093	6,093	30
31	DOORS-CONSTRUCTION	2002	13,379		20	334	334	334	31
32	GLASS CONSTRUCTION	2002	5,570		20	139	139	139	32
33	FLOORING-CONSTRUC	2002	6,415		20	160	160	160	33
34	TOTAL (lines 1 thru 33)		$ 13,300,508	$ 354,544		$ 584,627	$ 230,083	$ 3,252,508	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number GLENVIEW TERRACE NSG CTR # 0026237 Report Period Beginning: 01/01/02 Ending: 12/31/02

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12E, Carried Forward		$ 13,300,508	$ 354,544		$ 584,627	$ 230,083	$ 3,252,508	1
2	PAINT-CONSTRUCTION	2002	1,630		20	41	41	41	2
3	BLINDS,SHADES ETC.-CONSTRUC	2002	6,960		20	348	348	348	3
4	DOORS-CONSTRUC	2002	5,351		20	134	134	134	4
5	WINDOWS-CONSTRU.	2002	26,290		20	657	657	657	5
6	FLOORING-CONSTRUC	2002	2,566		20	64	64	64	6
7	PAINT-CONSTRUCTION	2002	652		20	16	16	16	7
8	PLUMBING-CONSTRC.	2002	87,000		20	2,175	2,175	2,175	8
9	BLINDS,SHADES ETC.	2002	2,320		20	116	116	116	9
10	LANDSCAPE=CONSTRUC	2002	500		20	33	33	33	10
11	SITE UTILITIES-CONSTRUC.	2002	10,549		20	703	703	703	11
12	ELEVATORS-CONSTRUC.	2002	31,655		20	1,583	1,583	1,583	12
13	FINISH CARP-CONST	2002	38,000		20	950	950	950	13
14	ELEVATOR	2002	2,500		20	125	125	125	14
15	ELEVATOR #2	2002	5,985		20	299	299	299	15
16	ELEVATOR #3	2002	16,387		20	751	751	751	16
17	ELEVATOR #1	2002	19,950		20	914	914	914	17
18	PHONE SYSTEM FOR ELEVATOR #3	2002	889		20	41	41	41	18
19	FLOORING	2002	19,169		20	1,171	1,171	1,171	19
20	REMOVAL OF OLD CEILING-3RD FL/INSTALLATION OF N	2002	3,640		20	152	152	152	20
21	ELECTRIC WORK DONE TO ELEVATORS	2002	10,221		20	468	468	468	21
22	REMAINING BAL DUE FOR ELEVATOR #3	2002	6,758		20	282	282	282	22
23	FLOORING	2002	15,626		20	781	781	781	23
24	FLOORING	2002	227,640		20	11,382	11,382	11,382	24
25	PHONE WORK	2002	1,814		20	60	60	60	25
26	TILE IN LOBBY,CORRIDOR & TCU LOBBY	2002	27,000		20	788	788	788	26
27	DAY ROOM FLOORING	2002	11,175		20	373	373	373	27
28	PATIENT ROOM/COR.FLOORING	2002	22,207		20	740	740	740	28
29	FLOORING 2 EAST	2002	29,505		20	984	984	984	29
30	FLOORING/WEST WING	2002	1,750		20	39	39	39	30
31	FLOORING	2002	3,815		20	64	64	64	31
32	FLOORS	2002	8,350		20	278	278	278	32
33	FLOORS	2002	4,898		20	109	109	109	33
34	TOTAL (lines 1 thru 33)		$ 13,953,260	$ 354,544		$ 611,248	$ 256,704	$ 3,279,129	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number GLENVIEW TERRACE NSG CTR # 0026237 Report Period Beginning: 01/01/02 Ending: 12/31/02

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12F, Carried Forward		$ 13,953,260	$ 354,544		$ 611,248	$ 256,704	$ 3,279,129	1
2	FENCING	2002	1,995		20	8	8	8	2
3	CORRIDOR LIGHTS	2002	33,365		20	3,058	3,058	3,058	3
4	LIGHTING	2002	1,417		20	142	142	142	4
5	LIGHTING	2002	1,636		20	164	164	164	5
6	WALLCOVERING 2ND FL	2002	7,149		20	6,553	6,553	6,553	6
7	CARPET ADMISSIONS OFFICE & BARB'S OFFICE	2002	1,433		20	131	131	131	7
8	SPOOL BORDER	2002	2,364		20	2,364	2,364	2,364	8
9	DRAPERY ADMISSIONS/OFFICE	2002	1,073		20	89	89	89	9
10	DRAPERY	2002	1,224		20	102	102	102	10
11	BATHROOM FIXTURES	2002	8,304		20	1,384	1,384	1,384	11
12	10 X 12 IVORY SIGN W/DIGITAL PRINT	2002	2,078		20	346	346	346	12
13	LIGHTING	2002	2,509		20	188	188	188	13
14	LIGHTING	2002	3,449		20	259	259	259	14
15	LIGHTING	2002	6,277		20	471	471	471	15
16	CARPET-CORRIDOR	2002	4,184		20	279	279	279	16
17	ADDITIONAL WALLCOVERING	2002	916		20	611	611	611	17
18	CUBICLE TRACK SETS	2002	6,186		20	825	825	825	18
19	CUBICLE TRACK SET	2002	1,223		20	163	163	163	19
20	CUBICLE CURTAINS	2002	2,876		20	383	383	383	20
21	LIGHTING	2002	1,931		20	129	129	129	21
22	LIGHTING	2002	2,946		20	196	196	196	22
23	LIGHTING	2002	728		20	49	49	49	23
24	GALVANIZED CHAIN LINK	2002	1,895		20	84	84	84	24
25	2ND FL CORRIDOR WALLCOVERING	2002	8,950		20	5,221	5,221	5,221	25
26	1ST FR CORRIDOR WALLCOVERING	2002	7,691		20	4,486	4,486	4,486	26
27	WALLCOVERING	2002	4,045		20	2,360	2,360	2,360	27
28	WALLCOVERING	2002	18,364		20	10,712	10,712	10,712	28
29	WALLCOVERING-PAVILLIONS	2002	4,619		20	2,694	2,694	2,694	29
30	2ND FL DRAPERY	2002	1,191		20	69	69	69	30
31	SUITES WALLCOVERING	2002	2,996		20	300	300	300	31
32	FIXTURES	2002	1,075		20	54	54	54	32
33	FIXTURES	2002	739		20	37	37	37	33
34	TOTAL (lines 1 thru 33)		$ 14,100,088	$ 354,544		$ 655,159	$ 300,615	$ 3,323,040	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number GLENVIEW TERRACE NSG CTR # 0026237 Report Period Beginning: 01/01/02 Ending: 12/31/02

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12G, Carried Forward		$ 14,100,088	$ 354,544		$ 655,159	$ 300,615	$ 3,323,040	1
2	MILLWORK	2002	20,000		20	2,000	2,000	2,000	2
3	FIXTURES	2002	1,671		20	70	70	70	3
4	FIXTURES	2002	2,301		20	96	96	96	4
5	SIGNAGE	2002	1,173		20	33	33	33	5
6	DAYROOM FLOORING	2002	6,835		20	152	152	152	6
7	PATIENS/COR.FLOORING	2002	23,360		20	519	519	519	7
8	SIGNAGE	2002	3,681		20	102	102	102	8
9	WALLCOVERING	2002	618		20	52	52	52	9
10	BATHROOM GRAB BARS	2002	2,049		20	171	171	171	10
11	SIGNAGE	2002	5,293		20	118	118	118	11
12	CARPETING	2002	8,647		20	288	288	288	12
13	LIGHT FIXTURES	2002	1,528		20	38	38	38	13
14	SMOKE BARRIER DOOR	2002	503		20	25	25	25	14
15	INSULATION	2002	1,231		20	62	62	62	15
16	PUMP	2002	983		20	49	49	49	16
17	TRANSMITTERS	2002	657		20	33	33	33	17
18	ROOF VENTILATOR	2002	711		20	36	36	36	18
19	INSULATION	2002	591		20	30	30	30	19
20	PUMP	2002	585		20	29	29	29	20
21	PHONE	2002	880		20	44	44	44	21
22	STATION WIRING	2002	619		20	31	31	31	22
23	ELEVATOR REPAIR	2002	1,455		20	73	73	73	23
24	INSTALL FIXTURE	2002	1,955		20	98	98	98	24
25	REPLACE LINE TAPS	2002	868		20	43	43	43	25
26	REPAIR CABLE	2002	965		20	48	48	48	26
27	PAGING SYSTEM	2002	1,240		20	62	62	62	27
28	RECABLE EXTENSIONS	2002	840		20	42	42	42	28
29	A/C REPAIRS	2002	1,144		20	57	57	57	29
30	REWIRING	2002	1,068		20	53	53	53	30
31	REWIRE CABLE	2002	1,393		20	70	70	70	31
32	TOILET SEATS	2002	973		20	49	49	49	32
33	GRAB BARS	2002	979		20	49	49	49	33
34	TOTAL (lines 1 thru 33)		$ 14,196,884	$ 354,544		$ 659,781	$ 305,237	$ 3,327,662	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number GLENVIEW TERRACE NSG CTR # 0026237 Report Period Beginning: 01/01/02 Ending: 12/31/02

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12H, Carried Forward		$ 14,196,884	$ 354,544		$ 659,781	$ 305,237	$ 3,327,662	1
2	TISSUE ROLL HOLDERS	2002	965		20	48	48	48	2
3	FENCE	2002	3,688		20	61	61	61	3
4	ROOM SIGNS	2002	4,126		20	138	138	138	4
5	FIXTURES	2002	33,397		20	1,392	1,392	1,392	5
6	WINDOW TREATMENTS	2002	8,265		20	276	276	276	6
7	CARPET	2002	9,042		20	431	431	431	7
8	IRRIGATION SYSTEM	2002	3,300		20	41	41	41	8
9	CEILING LIGHTS	2002	28,696		20	239	239	239	9
10	CARPETING	2002	264		20	13	13	13	10
11	CUBICLE CURTAINS	2002	288		20	7	7	7	11
12	WALLPAPER	2002	9,962		20	2,491	2,491	2,491	12
13	WALLPAPER	2002	8,169		20	2,042	2,042	2,042	13
14	WINDOW TREATMENTS	2002	1,584		20	40	40	40	14
15	WALLPAPER	2002	4,864		20	811	811	811	15
16	CARPETING	2002	683		20	16	16	16	16
17	CARPETING	2002	25,761		20	613	613	613	17
18	CARPETING	2002	13,679		20	326	326	326	18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 14,353,617	$ 354,544		$ 668,766	$ 314,222	$ 3,336,647	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number GLENVIEW TERRACE NSG CTR # 0026237 Report Period Beginning: 01/01/02 Ending: 12/31/02

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12I, Carried Forward		$ 14,353,617	$ 354,544		$ 668,766	$ 314,222	$ 3,336,647	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 14,353,617	$ 354,544		$ 668,766	$ 314,222	$ 3,336,647	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number GLENVIEW TERRACE NSG CTR # 0026237 Report Period Beginning: 01/01/02 Ending: 12/31/02

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12I, Carried Forward		$ 14,353,617	$ 354,544		$ 668,766	$ 314,222	$ 3,336,647	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 14,353,617	$ 354,544		$ 668,766	$ 314,222	$ 3,336,647	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number GLENVIEW TERRACE NSG CTR # 0026237 Report Period Beginning: 01/01/02 Ending: 12/31/02

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4			1993		$ 375,867	$ 9,638	35	$ 10,739	$ 1,101	$ 102,915	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Allocation Itex-A.K. Care			1993	47,295	571	20	2,365	1,794	22,953	9
10	Allocation Itex-A.K. Care			1994	25,403	661	20	1,270	609	10,519	10
11	Allocation Itex-A.K. Care			1995	4,329	157	20	216	59	1,558	11
12	Allocation Itex-A.K. Care			1996	245	21	20	12	9	86	12
13	Allocation Itex-A.K. Care			1997	7,303	187	20	365	178	2,008	13
14	Allocation Itex-A.K. Care			1999	811	21	20	41	20	162	14
15											15
16	Allocation Intercare			2001	74	18	20	4	(14)	5	16
17											17
18											18
19											19
20											20
21											21
22											22
23											23
24											24
25											25
26											26
27											27
28											28
29											29
30											30
31											31
32											32
33											33
34											34
35											35
36											36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

See Page 12A-REP, Line 70 for total

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number GLENVIEW TERRACE NSG CTR # 0026237 Report Period Beginning: 01/01/02 Ending: 12/31/02

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
37			$	$		$	$	$	37
38									38
39									39
40									40
41									41
42									42
43									43
44									44
45									45
46									46
47									47
48									48
49									49
50									50
51									51
52									52
53									53
54									54
55									55
56									56
57									57
58									58
59									59
60									60
61									61
62									62
63									63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		$ 461,327	$ 11,274		$ 15,012	$ 3,756	$ 140,206	70

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number GLENVIEW TERRACE NSG CTR # 0026237 Report Period Beginning: 01/01/02 Ending: 12/31/02

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	$ 1,298,156	$ 140,494	$ 62,264	$ (78,230)	10	$ 874,246	71
72	Current Year Purchases	534,571	121,428	68,377	(53,051)	10	68,377	72
73	Fully Depreciated Assets	586,726				10	586,725	73
74								74
75	TOTALS	$ 2,419,453	$ 261,922	$ 130,641	$ (131,281)		$ 1,529,348	75

D. Vehicle Depreciation (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76		AUTO-SEE SUPP. SCHEDULE		$ 124,835	$ 11,110	$ 14,751	$ 3,641	5	$ 76,519	76
77										77
78										78
79										79
80	TOTALS			$ 124,835	$ 11,110	$ 14,751	$ 3,641		$ 76,519	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	$ 17,065,407	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 627,576	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 814,158	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$ 186,582	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$ 4,942,514	85

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86	EXCESS AUTO COST - 1999	$ 30,318	$ 1,500	$ 3,117	86
87					87
88					88
89					89
90					90
91	TOTALS	$ 30,318	$ 1,500	$ 3,117	91

G. Construction-in-Progress

	Description	Cost	
92		$	92
93			93
94			94
95		$	95

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

Facility Name & ID Number GLENVIEW TERRACE NSG CTR # 0026237 Report Period Beginning: 01/01/02 Ending: 12/31/02

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: N/A

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?
If NO, see instructions. [X] YES [ ] NO

		1 Year Constructed	2 Number of Beds	3 Date of Lease	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				$			3
4	Additions							4
5								5
6								6
7	TOTAL				$ **			7

8. List separately any amortization of lease expense included on page 4, line 34.
This amount was calculated by dividing the total amount to be amortized
by the length of the lease .

9. Option to Buy: [ ] YES [ ] NO Terms: *

10. Effective dates of current rental agreement:
Beginning
Ending

11. Rent to be paid in future years under the current rental agreement:

	Fiscal Year Ending	Annual Rent
12.	/2003	$
13.	/2004	$
14.	/2005	$

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental? [X] YES [ ] NO

16. Rental Amount for movable equipment: $ 16,730 Description: See Attached
(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	Administrator	2002 Accura	$ 832.00	$ 9,887	17
18				(9,887)	18
19					19
20					20
21	TOTAL		$ 832.00	$	21

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number GLENVIEW TERRACE NSG CTR # 0026237 Report Period Beginning: 01/01/02 Ending: 12/31/02

XIII. EXPENSES RELATING TO NURSE AIDE TRAINING PROGRAMS (See instructions.)

A. TYPE OF TRAINING PROGRAM (If aides are trained in another facility program, attach a schedule listing the facility name, address and cost per aide trained in that facility.)

1. HAVE YOU TRAINED AIDES DURING THIS REPORT PERIOD? [X] YES [ ] NO

If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

2. CLASSROOM PORTION:
- IN-HOUSE PROGRAM [X]
- IN OTHER FACILITY [ ]
- COMMUNITY COLLEGE [ ]
- HOURS PER AIDE ____

3. CLINICAL PORTION:
- IN-HOUSE PROGRAM [X]
- IN OTHER FACILITY [ ]
- HOURS PER AIDE ____

B. EXPENSES

ALLOCATION OF COSTS (d)

		1	2	3	4
		Facility			
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	$	$	$	$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	Nurse Aide Competency Tests		1,448		1,448
9	TOTALS	$	$ 1,448	$	$ 1,448
10	SUM OF line 9, col. 1 and 2 (e)	$ 1,448			

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training aides from other facilities.

$

D. NUMBER OF AIDES TRAINED

COMPLETED	
1. From this facility	27
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	1
2. From other facilities (f)	
TOTAL TRAINED	28

(a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
(c) For in-house training programs only. Do not include fringe benefits.
(d) Allocate based on if the aide is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own aides.
(e) The total amount of Drop-out and Completed Costs for your own aides must agree with Sch. V, line 13, col. 8.
(f) Attach a schedule of the facility names and addresses of those facilities for which you trained aides.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number GLENVIEW TERRACE NSG CTR # 0026237 Report Period Beginning: 01/01/02 Ending: 12/31/02

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

	1	2		3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff Units of Service	Staff Cost	Outside Practitioner (other than consultant) Units	Outside Practitioner (other than consultant) Cost	Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
1	Licensed Occupational Therapist	39 - 01	hrs	$ 98,323		$	$		$ 98,323	1
2	Licensed Speech and Language Development Therapist	39 - 01	hrs	10,531					10,531	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39 - 01	hrs	211,432					211,432	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	39 - 02	# of prescrpts				286,716		286,716	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program									12
13	Other (specify): See Supplemental			68,927			40,107		109,034	13
14	TOTAL			$ 389,213		$	$ 326,823		$ 716,036	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as nurse aides, who help with the above activities should not be listed on this schedule.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number GLENVIEW TERRACE NSG CTR # 0026237 Report Period Beginning: 01/01/02 Ending: 12/31/02

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/02 (last day of reporting year)

This report must be completed even if financial statements are attached.

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 237,201	$ 237,201	1
2	Cash-Patient Deposits	26,679	26,679	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	1,889,474	1,889,474	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	423,802	479,447	6
7	Other Prepaid Expenses	16,300	16,300	7
8	Accounts Receivable (owners or related parties)	4,714,149	4,714,149	8
9	Other(specify): See Supplemental Schedule	93,449	93,449	9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 7,401,054	$ 7,456,699	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		198,820	13
14	Buildings, at Historical Cost		9,311,493	14
15	Leasehold Improvements, at Historical Cost	247,226	4,517,539	15
16	Equipment, at Historical Cost	468,720	3,024,633	16
17	Accumulated Depreciation (book methods)	(143,201)	(5,781,433)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs		1,033,405	19
20	Accumulated Amortization - Organization & Pre-Operating Costs		(19,588)	20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): See Supplemental Schedule	495,999	495,999	23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 1,068,744	$ 12,780,868	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 8,469,798	$ 20,237,567	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 991,262	$ 1,738,391	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	33,706	33,706	28
29	Short-Term Notes Payable	1,854,765	1,854,765	29
30	Accrued Salaries Payable	408,481	408,481	30
31	Accrued Taxes Payable (excluding real estate taxes)	29,106	29,106	31
32	Accrued Real Estate Taxes(Sch.IX-B)	340,721	340,721	32
33	Accrued Interest Payable	218	232,598	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	See Supplemental Schedule	325,093	325,798	36
37				37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 3,983,352	$ 4,963,566	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	11,757	11,757	39
40	Mortgage Payable		13,142,777	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	See Supplemental Schedule			43
44				44
45	**TOTAL Long-Term Liabilities (sum of lines 39 thru 44)**	$ 11,757	$ 13,154,534	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 3,995,109	$ 18,118,100	46
47	**TOTAL EQUITY(page 18, line 24)**	$ 4,474,689	$ 2,119,467	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 8,469,798	$ 20,237,567	48

SEE ACCOUNTANTS' COMPILATION REPORT

***(See instructions.)**

Facility Name & ID Number GLENVIEW TERRACE NSG CTR # 0026237 Report Period Beginning: 01/01/02 Ending: 12/31/02

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ 427,817	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ 427,817	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(1,293,289)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants	5,340,161	11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	( )	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	**TOTAL Additions (deductions) (sum of lines 7-16)**	$ 4,046,872	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	**TOTAL Transfers (sum of lines 18-22)**	$	23
24	**BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)**	$ 4,474,689	24 *

*** This must agree with page 17, line 47.**

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number GLENVIEW TERRACE NSG CTR # 0026237 Report Period Beginning: 01/01/02 Ending: 12/31/02

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

Note: This schedule should show gross revenue and expenses. Do not net revenue against expense

	Revenue	1 Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	$ 11,542,781	1
2	Discounts and Allowances for all Levels	(1,299,581)	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 10,243,200	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	1,527,360	6
7	Oxygen		7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 1,527,360	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants	9,000	10
11	Nurses Aide Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals	276	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	359,118	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	66,686	19
20	Radiology and X-Ray		20
21	Other Medical Services	18,851	21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 453,931	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	367,183	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 367,183	26
	E. Other Revenue (specify):**		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See Supplemental Schedule	11,301	28
28a			28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 11,301	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 12,602,975	30

	Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	2,241,320	31
32	Health Care	5,082,481	32
33	General Administration	3,870,788	33
	B. Capital Expense		
34	Ownership	1,680,175	34
	C. Ancillary Expense		
35	Special Cost Centers	858,637	35
36	Provider Participation Fee	162,863	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 13,896,264	40
41	**Income before Income Taxes (line 30 minus line 40)****	(1,293,289)	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ (1,293,289)	43

* **This must agree with page 4, line 45, column 4.**

** **Does this agree with taxable income (loss) per Federal Income Tax Return? Not Complete If not, please attach a reconciliation.**

*** **See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation. SEE ACCOUNTANTS' COMPILATION REPORT**

****Provide a detailed breakdown of "Other Revenue" on an attached sheet.**

Facility Name & ID Number GLENVIEW TERRACE NSG CTR # 0026237 Report Period Beginning: 01/01/02 Ending: 12/31/02

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)

(This schedule must cover the entire reporting period.)

		1 # of Hrs. Actually Worked	2** # of Hrs. Paid and Accrued	3 Reporting Period Total Salaries, Wages	4 Average Hourly Wage	
1	Director of Nursing	1,952	2,322	$ 145,247	$ 62.55	1
2	Assistant Director of Nursing					2
3	Registered Nurses	38,995	49,359	1,173,258	23.77	3
4	Licensed Practical Nurses	15,787	19,287	411,576	21.34	4
5	Nurse Aides & Orderlies	170,511	194,686	1,845,627	9.48	5
6	Nurse Aide Trainees					6
7	Licensed Therapist	12,365	13,411	389,213	29.02	7
8	Rehab/Therapy Aides	21,310	23,819	347,284	14.58	8
9	Activity Director	1,689	2,122	29,669	13.98	9
10	Activity Assistants	24,456	26,364	249,407	9.46	10
11	Social Service Workers	20,593	22,020	260,280	11.82	11
12	Dietician					12
13	Food Service Supervisor	1,888	1,920	53,614	27.92	13
14	Head Cook	2,532	2,761	33,168	12.01	14
15	Cook Helpers/Assistants	30,425	32,401	300,277	9.27	15
16	Dishwashers					16
17	Maintenance Workers	8,033	8,422	159,674	18.96	17
18	Housekeepers	47,830	50,902	382,916	7.52	18
19	Laundry	18,127	19,695	179,138	9.10	19
20	Administrator	1,870	2,188	138,951	63.51	20
21	Assistant Administrator	1,793	1,814	40,711	22.44	21
22	Other Administrative	1,713	1,713	127,302	74.32	22
23	Office Manager	1,705	2,216	50,201	22.65	23
24	Clerical	7,627	9,218	150,809	16.36	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	20,882	23,989	325,051	13.55	31
32	Other Health Care(specify)					32
33	Other(specify) See Supplemental	9,458	9,763	126,462	12.95	33
34	TOTAL (lines 1 - 33)	461,541	520,392	$ 6,919,835 *	$ 13.30	34

SEE ACCOUNTANTS' COMPILATION REPORT

* This total must agree with page 4, column 1, line 45.

** See instructions.

B. CONSULTANT SERVICES

		1 Number of Hrs. Paid & Accrued	2 Total Consultant Cost for Reporting Period	3 Schedule V Line & Column Reference	
35	Dietary Consultant	Monthly	$ 6,600	01-03	35
36	Medical Director	Monthly	72,250	09-03	36
37	Medical Records Consultant	Monthly	4,128	10-03	37
38	Nurse Consultant	16	600	10-03	38
39	Pharmacist Consultant	Monthly	6,498	10-03	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant	4	103	10a-03	43
44	Activity Consultant	Monthly	2,304	11-03	44
45	Social Service Consultant	65	2,600	12-03	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	85	$ 95,083		49

C. CONTRACT NURSES

		1 Number of Hrs. Paid & Accrued	2 Total Contract Wages	3 Schedule V Line & Column Reference	
50	Registered Nurses	16	$ 144	10-03	50
51	Licensed Practical Nurses				51
52	Nurse Aides				52
53	TOTAL (lines 50 - 52)	16	$ 144		53

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XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Fred Berkovits	Administrator	0	$ 138,951
Yehuda Bider	Asst Admin.	0	40,711
Mark Hollander	Executive	0	127,302
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 306,964

B. Administrative - Other

Description	Amount
Carepath - Network Fees	$ 76,082
Management Fees - Mark Hollander	60,000
See Attached	750,000
TOTAL (agree to Schedule V, line 17, col. 3)	$ 886,082
(Attach a copy of any management service agreement)	

C. Professional Services

Vendor/Payee	Type	Amount
Frost, Ruttenberg & Rothblatt	Accounting	$ 48,028
Susan Fox	Accounting	14,940
A. K. Care	Accounting	24,000
A. K. Care	Data Processing	568
Power Software	Data Processing	8,570
Horizon Healthcare	Data Processing	4,226
Gibson Tech	Data Processing	1,195
Giftrap	Data Processing	2,840
Personnel Planners	Unemployment Consultant	2,625
Joint Commission	Accreditation	3,399
See Attached		434,155
TOTAL (agree to Schedule V, line 19, column 3)		
(If total legal fees exceed $2500 attach copy of invoices.)		$ 544,546

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 84,323
Unemployment Compensation Insurance	35,196
FICA Taxes	514,646
Employee Health Insurance	350,808
Employee Meals	67,379
Illinois Municipal Retirement Fund (IMRF)*	
Pension Contributions	85,424
Miscellaneous Employee Benefits	5,900
Life Insurance	1,269
Christmas Expense	11,449
TOTAL (agree to Schedule V, line 22, col.8)	$ 1,156,394

E. Schedule of Non-Cash Compensation Paid to Owners or Employees

Description	Line #	Amount
		$
TOTAL		$

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$
Advertising: Employee Recruitment	39,586
Health Care Worker Background Check	500
(Indicate # of checks performed 50)	
Dues & Subscriptions	13,356
Licenses	1,239
Allocation - Itex	598
Allocation - Carepath	7,010
Allocation - Intercare	8
Less: Public Relations Expense	( )
Non-allowable advertising	( )
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 62,297

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
Seminar Expense	5,148
Allocation Itex	62
Allocation Carepath	45
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 5,255

* Attach copy of IMRF notifications

**See instructions.

Facility Name & ID Number GLENVIEW TERRACE NSG CTR # 0026237 Report Period Beginning: 01/01/02 Ending: 12/31/02

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY1999	FY2000	FY2001	FY2002	FY2003	FY2004	FY2005	FY2006	FY2007
1	N/A		$		$	$	$	$	$	$	$	$	$
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		$		$	$	$	$	$	$	$	$	$

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number GLENVIEW TERRACE NSG CTR # 0026237 Report Period Beginning: 01/01/02 Ending: 12/31/02

XX. GENERAL INFORMATION:

(1) Are nursing employees (RN,LPN,NA) represented by a union? **Yes**

(2) Are there any dues to nursing home associations included on the cost report? **Yes**
If YES, give association name and amount. **IL Council on LTC $11,066**

(3) Did the nursing home make political contributions or payments to a political action organization? **Yes** If YES, have these costs been properly adjusted out of the cost report? **Yes**

(4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? **No** If YES, what is the capacity?

(5) Have you properly capitalized all major repairs and equipment purchases? **Yes**
What was the average life used for new equipment added during this period? **10**

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. $ **10,158** Line **10**

(7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? **Yes** If NO, attach a complete explanation.

(8) Are you presently operating under a sale and leaseback arrangement? **No**
If YES, give effective date of lease.

(9) Are you presently operating under a sublease agreement? **X** YES ____ NO

(10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES ____ NO **X** If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

(11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department of Public Aid during this cost report period. $ **162,863**
This amount is to be recorded on line 42 of Schedule V.

(12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? **No** If YES, attach an explanation of the allocation.

SEE ACCOUNTANTS' COMPILATION REPORT

(13) Have costs for all supplies and services which are of the type that can be billed to the Department of Public Aid, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? **Yes**

(14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? **N/A** For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.

(15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. $ **67,379** Has any meal income been offset against related costs? **Yes** Indicate the amount. $ **276**

(16) Travel and Transportation
a. Are there costs included for out-of-state travel? **No**
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? **No** If YES, please indicate the amount of income earned from such a program during this reporting period. $
c. What percent of all travel expense relates to transportation of nurses and patients? **N/A**
d. Have vehicle usage logs been maintained?
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? **Yes**
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? **Yes**
g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. $ **N/A**

(17) Has an audit been performed by an independent certified public accounting firm? **No**
Firm Name: The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? If no, please explain.

(18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? **Yes**

(19) If total legal fees are in excess of $2500, have legal invoices and a summary of services performed been attached to this cost report? **Yes**
Attach invoices and a summary of services for all architect and appraisal fees